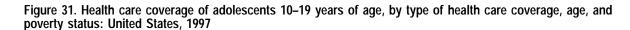
## Health Care Coverage

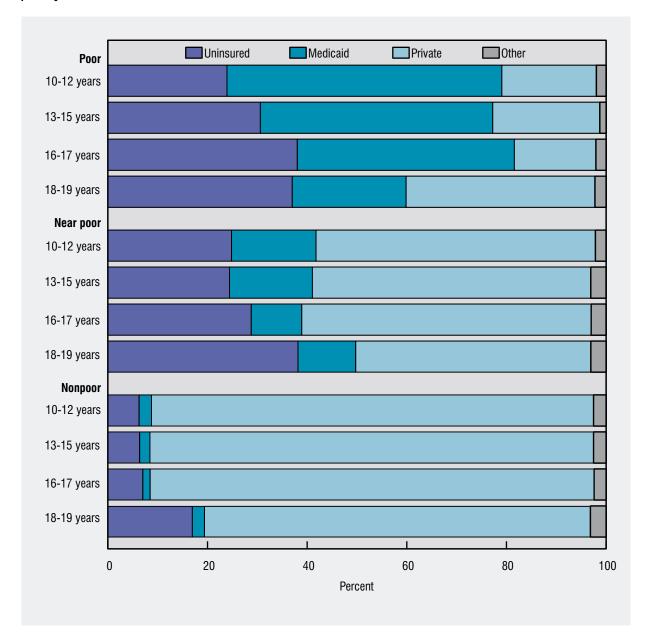
Access to and use of health care services for adolescents is dependent, to a great degree, on the ability to pay for services. Compared with their insured counterparts, uninsured adolescents are five times as likely to lack a usual source of care, four times as likely to have unmet health needs, and twice as likely to go without a physician contact during the course of a year (1).

- Adolescents are more likely to be uninsured than younger children. In 1997, 17 percent of adolescents 10–19 years of age were uninsured compared with 12.5 percent of children under 6 years of age (tables 128, *Health, United States, 2000*).
- Family income is a key factor in the likelihood that an adolescent will be uninsured. One-third of adolescents in families with incomes below the poverty level have no health insurance, compared with 8 percent of adolescents in families with incomes greater than two times the poverty level.
- Medicaid (Title XIX of the Social Security Act) is a joint Federal and State program to provide medical care for qualified poor or medically needy persons. Expansions in Medicaid will extend eligibility until 19 years of age to all poor children by the year 2002. However, in 1996 one-third of uninsured adolescents 13–18 years were eligible for Medicaid but were not enrolled (2).
- Since 1984 the percent of adolescents with some form of health insurance coverage has remained essentially unchanged. However, the prevalence of private health insurance decreased, while the prevalence of public health insurance increased (1). Healthy People 2010 objectives call for a reduction to 0 percent in the proportion of children (including adolescents) and adults under 65 years of age without health care coverage (3).

## References

- 1. Newacheck PW, Brindis CD, Cart CU, et al. Adolescent health insurance coverage: recent changes and access to care. Pediatrics 104(2 Pt 1):195–202. August 1999.
- 2. Selden TM, Banthin JS, Cohen JW. Medicaid's problem children: Eligible but not enrolled. Health Aff 17:192–200. May/June 1998.
- 3. U.S. Department of Health and Human Services. Healthy People 2010 (Conference Edition, in Two Volumes), Washington: January 2000.





NOTES: Poverty status is derived from the ratio of the family's income to the Federal poverty threshold, given family size. Poor is less than 100 percent of the poverty threshold; near poor is between 100 and 199 percent of the poverty threshold; nonpoor is 200 percent of the poverty threshold or more. See Data Table for data points graphed.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. See related *Health*, *United States*, 2000, table 128.